

CALIFORNIA STATE BOARD OF HEALTH

Weekly

Bulletin



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EDITOR

CALIFORNIA'S PUBLIC HEALTH PROGRESS.*

By WALTER M. DICKIE, M. D., Executive Officer California State Board of Health.

Some people still think of public health as meaning only a law, a quarantine sign and a health officer backed up by police authority. Some people think that the chief activity of health officers lies in searching for victims, sick and miserable, only to place them and the members of their immediate families in quarantine. They think that the "shotgun quarantine" of the dark ages is still in vogue. They seem possessed of the idea that public health administration means persecution of the individual who is unfortunate enough to contract a communicable disease. Of course, none of these are true. To be sure, health officers possess the necessary attributes of authority which may be applied whenever emergency conditions may warrant their use. Such conditions seldom arise, however, and the abuse of public health authority can result only in disaster to the official. Furthermore, the application of mere force in itself, may, perhaps, constitute a confession of ignorance.

The modern application of quarantine is based upon scientific facts. Quarantine is a net rather than a stone wall. It is intended to select the individual who may constitute a menace to the health of his fellow-men and to prevent his contact with others until such time as he may no longer be a menace to their

health. The application of quarantine requires reason, judgment, tolerance and tact. No individual should be held in restraint for an instant longer than his dangerous condition persists. Fortunately, modern science has, for many diseases, discovered methods of determining, exactly, when this dangerous condition no longer exists and as a result quarantine is not the hardship that it once was. It is no longer the application of mere physical restraint through force; it is a necessary measure which has been robbed of its terrors by modern science.

Quarantine is required, in California, in the control of many diseases, none of which is more important than diphtheria and acute anterior poliomyelitis, commonly known as infantile paralysis.

DIPHTHERIA

Diphtheria is one of the most serious diseases with which we have to deal. In 1924 there were more than 11,000 cases with 700 deaths reported to the California State Board of Health. Never before had so many cases been reported in this state. In 1925 there were half as many cases and deaths. In 1926 there were more than 6000 cases of this disastrous disease with almost 300 deaths—nearly all of which need not have occurred. In the last three years, then, nearly 23,000 California children have suffered from diphtheria, needlessly, and of this number 1250 have sacrificed their lives to the neglect or ignorance of their

*Read at District Convention, California Federation of Women's Clubs, Long Beach, March 30, 1927.

parents. Furthermore, it is probable that many, if not most, of these 21,000 children who survived their attacks will suffer during their whole lives from the after effects of their diphtheria, for the powerful toxins or poisons that the disease develops often produce a decidedly harmful effect upon the heart and other vital organs. Many cases of heart disease in adults can be traced directly to damage incurred through a diphtheria attack in childhood.

These thousands of quarantines, expensive and troublesome, might have been prevented; these thousands of cases of suffering and death need not have occurred; the great expense associated with sickness and death might have been averted, if these children had been immunized against diphtheria. The only feasible method for accomplishing definite results in the prevention of diphtheria lies in the immunization of children by means of the administration of toxin-antitoxin. Since 1924 large numbers of children throughout California have received immunizations against this disease and in those counties where full-time health units are in operation the greatest percentage of children have received this protection. In many of the smaller communities, also, in health centers and in clinics, this work has been carried on extensively. It is certain that many cases of diphtheria have thus been prevented—a number sufficient to cause a reduction in the morbidity and mortality rates. If the administration of toxin-antitoxin were made a regular routine procedure everywhere, carried on from year to year by official health agencies, there is every reason to believe that the disease would ultimately be brought under complete control.

Toxin-antitoxin should not be confused with antitoxin, which is useful in the treatment of diphtheria only. Toxin-antitoxin is *not* useful in the treatment of diphtheria; it is for the prevention of the disease only. Antitoxin, if given during the first twenty-four hours of illness, is useful in treatment; it is of little value in the prevention of the disease for it protects the individual for only two or three weeks. Toxin-antitoxin, however, affords protection for many years. Immunization develops slowly after the administration of toxin-antitoxin, several weeks or months being required for the immunization process to become complete. For this reason it is important for the child to receive this protection at an early age, before extensive opportunities for contact with cases of diph-

theria or carriers of diphtheria may be made. It is recommended that infants be immunized at some time between their sixth and ninth month of age, since this period is the most favorable for receiving immunity by means of toxin-antitoxin. During the period immediately following the ninth month of life the natural immunity to the disease, acquired from the mother, has gone and it is then that the infant is most susceptible to diphtheria. It is during this period of life that fatal cases of the disease occur most frequently.

All of the dangers associated with diphtheria can be eliminated by means of this procedure. The parents can be saved unnecessary worry, the child can be saved unnecessary suffering and the community can be saved the expense of establishing quarantine and exercising control over the many cases that now constantly occur. To secure immunization against diphtheria is good business; it is like carrying insurance against disease; it pays dividends through the prevention of financial losses, fear and worry.

INFANTILE PARALYSIS

If infantile paralysis could be placed under control as readily as diphtheria, if the causative organism were known and if active immunity to the disease could be established, it would mark the greatest possible advance in communicable disease control. As a matter of fact, the early discovery of cases of the disease and the prompt establishment of rigid quarantine constitute the only available weapons that are known to be in any degree effective in the control of this dread disease. Poliomyelitis has been more prevalent than usual during the past three years. The year 1925 brought the largest number of cases with the highest fatality rate of any single year in the history of California—821 cases with 144 deaths and an unknown number of paralyzed children left to struggle through life hampered by unfortunate physical handicaps. In the past three years there have been nearly 1200 cases reported with more than 200 deaths.

Poliomyelitis is, perhaps, one of the most common of the communicable diseases. Paralysis occurs in but a small percentage of cases and a large number of cases occur none of which are recognized because signs of paralysis, however slight they may be, escape attention and proper diagnosis is not made. Contact with such mild cases, however, may produce cases in which severe paralysis occurs. Acute intestinal disturbances or

common colds in young children, when poliomyelitis is prevalent, must be regarded seriously until the nature of the illness can be determined definitely. About half of the reported cases occur in children under four years of age, one-quarter among those between the ages of five to nine and the remaining one-quarter among older children and young adults. A conspicuous feature of this disease as it has appeared in California recently, lies in its higher incidence among adolescents and young adults. The percentages of paralysis and of death are specially high in the older age groups.

The adult carrier is known to play an important part in the transmission of the disease and it is of the utmost importance that when poliomyelitis occurs in a family all members, as well as other contacts, be isolated for two weeks.

It must be remembered that poliomyelitis is not essentially a disease of the nervous system and that it is only in a small percentage of cases that paralysis occurs—not more than twenty to thirty per cent. Environment and social conditions have little or no bearing upon the appearance of the disease and it occurs as commonly in the rural districts as in the cities. Man is probably the only agent involved in its transmission. It is clear that since the disease is recognized only when the symptom of paralysis occurs, relatively few cases ever come to the attention of medical practitioners. Of the 1200 cases reported in California during the past three years it is certain that paralysis of varying degrees remained with several hundred of the children who lived through their attacks. To learn of all such cases and to follow them up, to determine if the crippled condition receives proper attention, to ascertain if every available attribute of science has been applied to overcome the resulting physical handicap is of the utmost importance. There should be adequate provision for carrying on this work. That hundreds of California children should be crippled through life because of this lack is inconceivable. In some states, hospitals for the treatment of such children are provided by the state. It is not believed that another state institution is needed nor is it desirable in California. Funds with which to make a state survey of crippled children should be forthcoming, however, in order that we may know exactly where untreated cases may be and in order that such cases may be referred to the proper existing institutions, to orthopedists or clinics according to the circumstances and conditions revealed by such a survey.

Women of California should rouse themselves to the necessity for promoting the physical welfare of our crippled children and they should make every effort to determine that proper activities are conducted by the proper authorities to lessen the burden of physical handicaps that disease and accident are annually loading upon our children.

(Continued in next issue.)

Kings County Has New Health Officer.

Dr. A. S. Torrens of Hanford has been appointed Health Officer of Kings County in place of Dr. E. C. Bond whose term of office expired at the end of 1926.

MORBIDITY.*

Diphtheria.

147 cases of diphtheria have been reported, as follows: Alameda County 1, Hayward 3, Oakland 7, Chico 3, Pittsburg 1, Fresno County 1, Calxico 1, Kern County 7, Hanford 1, Los Angeles County 20, Alhambra 1, Beverly Hills 1, Compton 1, El Monte 3, Huntington Park 3, Long Beach 2, Los Angeles 45, Whittier 3, Torrance 1, Maywood 1, San Anselmo 1, Merced 1, Grass Valley 5, Orange County 1, Brea 1, Seal Beach 1, Sacramento 2, San Bernardino 2, San Diego County 1, San Diego 3, San Francisco 8, Stockton 4, San Luis Obispo County 1, San Mateo County 3, Daly City 2, Santa Clara County 1, Yuba County 1, Red Bluff 1, Tulare County 1, Yuba County 1.

Scarlet Fever.

220 cases of scarlet fever have been reported as follows: Alameda 4, Berkeley 6, Oakland 15, Pittsburg 3, Fresno County 3, Fresno 2, Humboldt County 3, Brawley 1, Kern County 3, Bakersfield 1, Kings County 1, Los Angeles County 13, Alhambra 2, Beverly Hills 1, Glendora 1, Long Beach 18, Los Angeles 42, Monrovia 2, Pasadena 5, Pomona 2, South Gate 1, Mill Valley 1, San Anselmo 1, Sausalito 1, Orange County 2, Santa Ana 4, San Bernardino 1, San Diego County 2, San Diego 7, San Francisco 40, San Luis Obispo County 2, San Mateo County 1, Santa Clara County 4, Los Gatos 2, Mountain View 5, Palo Alto 1, San Jose 6, Modesto 1, Tulare County 8, Tuolumne County 1, Ventura County 1.

Measles.

3010 cases of measles have been reported, as follows: Alameda County 1, Alameda 33, Berkeley 48, Oakland 95, Contra Costa County 5, Pittsburg 5, El Dorado County 1, Fresno County 20, Fresno 13, Kingsburg 1, Orland 17, Humboldt County 1, Eureka 53, Inyo County 1, Kern County 74, Bakersfield 4, Kings County 12, Hanford 10, Lemoore 5, Lakeport 5, Los Angeles 256, Alhambra 35, Arcadia 50, Beverly Hills 10, Burbank 1, Compton 28, El Monte 6, El Segundo 2, Glendora 2, Hermosa Beach 3, Huntington Park 2, Long Beach 85, Los Angeles 804, Monrovia 85, Manhattan Beach 12, Pasadena 89, Pomona 33, Redondo Beach 15, San Fernando 7, San Gabriel 5, San Marino 5, Santa Monica 3, Sierra Madre 4, Whittier 4, Hawthorne 6, South Gate

*From reports received on April 4th and 5th for week ending April 2nd.

10, Monterey Park 5, Signal Hill 1, Maywood 2, Tujunga 6, San Rafael 11, Sausalito 5, Merced County 4, Gustine 7, Monterey County 16, Carmel 5, Grass Valley 33, Orange County 49, Anaheim 28, Brea 9, Fullerton 3, Huntington Beach 1, Orange 2, Santa Ana 36, La Habra 16, Lincoln 3, Riverside County 16, Riverside 13, Sacramento County 7, Sacramento 15, Hollister 2, San Bernardino County 16, Ontario 1, Redlands 3, San Bernardino 1, San Diego County 43, La Mesa 13, National City 7, Oceanside 10, San Diego 298, San Francisco 138, San Joaquin County 2, Lodi 1, Manteca 1, Stockton 15, San Luis Obispo County 4, Paso Robles 1, San Luis Obispo 1, San Mateo County 8, Daly City 5, Redwood City 18, San Bruno 2, San Mateo 5, Santa Clara County 9, Gilroy 3, Los Gatos 31, Mountain View 1, Palo Alto 26, San Jose 10, Sunnyvale 2, Santa Cruz County 2, Watsonville 13, Solano County 4, Benicia 1, Sonoma County 4, Modesto 1, Turlock 4, Tulare County 3, Lindsay 3, Visalia 1, Tuolumne County 19, Sonora 11, Woodland 8.

Smallpox.

25 cases of smallpox have been reported, as follows: Alameda County 2, Oakland 11, Sacramento County 1, San Bernardino 1, San Francisco 1, Santa Clara County 2, Mountain View 2, Sunnyvale 3, Yolo County 2.

Typhoid Fever.

10 cases of typhoid fever have been reported,

as follows: Alameda County 1, Martinez 1, Los Angeles 2, Napa County 2, Ontario 1, Santa Paula 1, California 2.

Whooping Cough.

198 cases of whooping cough have been reported, as follows: Alameda County 2, Alameda 3, Berkeley 32, Oakland 39, Colusa County 2, Colusa 3, Fresno 1, Eureka 9, Hanford 2, Merced 1, Los Angeles County 9, Alhambra 2, Long Beach 7, Los Angeles 26, Monrovia 3, San Gabriel 2, Orange County 3, Anaheim 2, Riverside 1, Sacramento 2, San Diego County 3, San Diego 6, San Francisco 32, Stockton 5, Benicia 1.

Meningitis (Epidemic).

9 cases of epidemic meningitis have been reported, as follows: Berkeley 1, Oakland 1, Los Angeles County 1, San Rafael 1, Sacramento 1, San Francisco 1, California 3.

Encephalitis (Epidemic).

2 cases of epidemic encephalitis have been reported, as follows: San Francisco 1, Petaluma 1.

Leprosy.

Los Angeles reported one case of leprosy.

Poliomyelitis.

3 cases of poliomyelitis have been reported, as follows: Los Angeles County 1, San Diego County 1, San Francisco 1.

COMMUNICABLE DISEASE REPORTS.

Disease	1927				1926			
	Week ending			Reports for week ending Apr. 2 received by Apr. 5	Week ending			Reports for week ending Apr. 3 received by Apr. 6
	Mar. 12	Mar. 19	Mar. 26		Mar. 13	Mar. 20	Mar. 27	
Anthrax.....	0	0	0	0	0	1	0	0
Botulism.....	0	0	0	0	0	0	0	0
Chickenpox.....	742	647	588	574	438	427	375	273
Diphtheria.....	143	176	135	147	99	151	132	114
Dysentery (Bacillary).....	0	1	0	1	0	2	0	1
Encephalitis (Epidemic).....	2	0	1	2	1	2	2	2
Gonococcus Infection.....	77	83	80	111	88	73	111	346
Influenza.....	86	87	75	107	64	131	36	28
Jaundice (Epidemic).....	0	1	0	0	0	0	0	0
Leprosy.....	0	0	2	1	0	0	0	0
Malaria.....	1	0	0	1	0	0	1	1
Measles.....	3991	3328	3558	3010	161	170	193	109
Meningitis.....	3	6	4	9	1	4	4	3
Mumps.....	329	283	340	351	443	366	364	385
Paratyphoid Fever.....	0	1	4	0	0	0	0	1
Pneumonia (Lobar).....	74	60	158	98	78	58	52	34
Poliomyelitis.....	0	1	2	3	2	6	1	1
Rabies (Animal).....	12	7	5	6	5	7	13	1
Rabies (Human).....	0	0	0	0	0	0	1	0
Rocky Mt. Spotted Fever.....	0	0	0	0	0	0	0	0
Scarlet Fever.....	266	220	251	220	145	181	151	141
Smallpox.....	17	26	20	25	174	105	126	143
Syphilis.....	127	98	111	167	108	93	106	230
Tetanus.....	0	0	3	1	1	1	1	1
Trachoma.....	2	3	1	2	1	1	56	2
Trichinosis.....	0	2	0	0	0	0	2	0
Tuberculosis.....	210	189	223	204	244	169	237	247
Typhoid Fever.....	4	22	11	10	5	12	6	6
Typhus Fever.....	0	0	0	0	0	0	0	0
Whooping Cough.....	168	189	231	198	69	87	56	69
Totals.....	6254	5430	5813	5248	2177	2047	2026	2138

CALIFORNIA STATE PRINTING OFFICE